

Application for Elevator Installation Permit
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes
Elevator Safety Division
P.O. Box 30255, Lansing, MI 48909
517-241-9337

176

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
PERMIT APPROVED BY	DATE

FORMS AND BLUE PRINTS MUST BE SUBMITTED IN TRIPLICATE

Authority: 1967 PA 227 Completion: Mandatory Penalty: \$50.00	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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BILLING INFORMATION

ELEVATOR LOCATION (Building Name)				COUNTY	
LOCATION (Address)			CITY		ZIP CODE
BILLING INFORMATION (Owner or Designated Agent)		BILLING ADDRESS		CITY	STATE
TYPE OF DEVICE		CLASS OF LOADING CLASS _____	MANUFACTURED BY		MANUFACTURER'S NUMBER
TYPE OF CONTROL	CAPACITY _____ LBS	RATED SPEED _____ FPM	RISE OF CAR _____ FT _____ IN		NUMBER OF LANDINGS

CAR

HOW OPERATED FROM CAR <input type="checkbox"/> HAND ROPE <input type="checkbox"/> CAR SWITCH <input type="checkbox"/> AUTO <input type="checkbox"/> PUSH BUTTON			FROM LANDING	DESTINATION - ORIENTED ELEVATOR SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO
SIZE OF PLATFORM (Inside)	NUMBER OF CAR ENTRANCES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SAFE EDGE <input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRIC EYE <input type="checkbox"/> YES <input type="checkbox"/> NO	
POWER OPERATED DOOR REOPENING DEVICE <input type="checkbox"/> PROXIMITY <input type="checkbox"/> INFRARED <input type="checkbox"/> OTHER _____			CAR DOORS OR GATES POWER OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOISTWAY DOORS ARE <input type="checkbox"/> SEQUENCE <input type="checkbox"/> SIMULTANEOUSLY			EMERGENCY EXITS <input type="checkbox"/> CAR TOP HINGED <input type="checkbox"/> CAR TOP REMOVABLE <input type="checkbox"/> SIDE PANEL	
EMERGENCY EXIT ELECTRIC CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			TYPE OF CAR SAFETY DEVICE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER _____	
POWER DOOR OPERATOR (Manufacturer's Name)			EMERGENCY CALL <input type="checkbox"/> BELL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER _____	

CABLES	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES		
NUMBER				DEFLECTOR	CAR	COUNTERWEIGHT
DIAMETER						
MATERIAL				SLACK CABLE DEVICE LOCATION <input type="checkbox"/> CAR <input type="checkbox"/> MACHINE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		
CONSTRUCTION						
ROPING <input type="checkbox"/> SINGLE WRAPPED 1 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 1 TO 1 <input type="checkbox"/> SINGLE WRAPPED 2 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 2 TO 1				FASTENINGS <input type="checkbox"/> TAPERED SOCKETS <input type="checkbox"/> CLIPS <input type="checkbox"/> WEDGE CLAMP		

MACHINE / CONTROL ROOM

LOCATION <input type="checkbox"/> OVERHEAD <input type="checkbox"/> BASEMENT <input type="checkbox"/> FIRST FLOOR <input type="checkbox"/> OTHER _____				SELF-CLOSING SELF-LOCKING DOOR PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	
MACHINE ROOM FULLY ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO		MACHINE TYPE 1. <input type="checkbox"/> CABLE 3. <input type="checkbox"/> ROPED HYDRAULIC 5. <input type="checkbox"/> OTHER _____ 2. <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC 4. <input type="checkbox"/> HAND POWER			POWER 1. <input type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER
TYPE OF DRIVE	TYPE OF BRAKE	TYPE OF BRAKE (Released)	DIAMETER OF SHEAVES / SPROCKETS / PULLEYS DRUM _____ INCHES TRACTION _____ INCHES		
TYPE OF GOVERNOR AND LOCATION			GOVERNOR TRIPPING SPEED _____ FPM	GOVERNOR OVERSPEED SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO	PHASE PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO
H.P.	ELECTRIC MOTOR VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	OPERATING DEVICE VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	DIAMETER OF PLUNGER _____ INCHES	MFG OF PUMP	
FULLY EXPOSED CYLINDER <input type="checkbox"/> YES <input type="checkbox"/> NO	CYLINDER PROTECTION TYPE	SHUTOFF VALVE LOCATION <input type="checkbox"/> PIT <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> OTHER _____			OVERSPEED VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTRACTOR SIGNATURE

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (City)		CONTRACTOR LICENSE NUMBER	PERMIT FEE \$
CONTRACTOR'S SIGNATURE			DATE

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ELEVATOR LOCATION (Building Name)				COUNTY	
LOCATION (Address)			CITY		ZIP CODE
BILLING INFORMATION (Owner or Designated Agent)		BILLING ADDRESS		CITY	STATE
TYPE OF DEVICE		CLASS OF LOADING CLASS _____	MANUFACTURED BY		MANUFACTURER'S NUMBER
TYPE OF CONTROL	CAPACITY _____ LBS	RATED SPEED _____ FPM	RISE OF CAR _____ FT _____ IN		NUMBER OF LANDINGS

CAR

HOW OPERATED FROM CAR <input type="checkbox"/> HAND ROPE <input type="checkbox"/> CAR SWITCH <input type="checkbox"/> AUTO <input type="checkbox"/> PUSH BUTTON			FROM LANDING	DESTINATION - ORIENTED ELEVATOR SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO
SIZE OF PLATFORM (Inside)	NUMBER OF CAR ENTRANCES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SAFE EDGE <input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRIC EYE <input type="checkbox"/> YES <input type="checkbox"/> NO	
POWER OPERATED DOOR REOPENING DEVICE <input type="checkbox"/> PROXIMITY <input type="checkbox"/> INFRARED <input type="checkbox"/> OTHER _____			CAR DOORS OR GATES POWER OPERATED <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOISTWAY DOORS ARE <input type="checkbox"/> SEQUENCE <input type="checkbox"/> SIMULTANEOUSLY			EMERGENCY EXITS <input type="checkbox"/> CAR TOP HINGED <input type="checkbox"/> CAR TOP REMOVABLE <input type="checkbox"/> SIDE PANEL	
EMERGENCY EXIT ELECTRIC CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO			TYPE OF CAR SAFETY DEVICE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> OTHER _____	
POWER DOOR OPERATOR (Manufacturer's Name)			EMERGENCY CALL <input type="checkbox"/> BELL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> OTHER _____	

CABLES	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES		
NUMBER				DEFLECTOR	CAR	COUNTERWEIGHT
DIAMETER						
MATERIAL				SLACK CABLE DEVICE LOCATION <input type="checkbox"/> CAR <input type="checkbox"/> MACHINE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		
CONSTRUCTION						
ROPING <input type="checkbox"/> SINGLE WRAPPED 1 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 1 TO 1 <input type="checkbox"/> SINGLE WRAPPED 2 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 2 TO 1				FASTENINGS <input type="checkbox"/> TAPERED SOCKETS <input type="checkbox"/> CLIPS <input type="checkbox"/> WEDGE CLAMP		

MACHINE / CONTROL ROOM

LOCATION <input type="checkbox"/> OVERHEAD <input type="checkbox"/> BASEMENT <input type="checkbox"/> FIRST FLOOR <input type="checkbox"/> OTHER _____				SELF-CLOSING SELF-LOCKING DOOR PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO	
MACHINE ROOM FULLY ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO		MACHINE TYPE 1. <input type="checkbox"/> CABLE 3. <input type="checkbox"/> ROPED HYDRAULIC 5. <input type="checkbox"/> OTHER _____ 2. <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC 4. <input type="checkbox"/> HAND POWER			POWER 1. <input type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER
TYPE OF DRIVE	TYPE OF BRAKE	TYPE OF BRAKE (Released)	DIAMETER OF SHEAVES / SPROCKETS / PULLEYS DRUM _____ INCHES TRACTION _____ INCHES		
TYPE OF GOVERNOR AND LOCATION			GOVERNOR TRIPPING SPEED _____ FPM	GOVERNOR OVERSPEED SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO	PHASE PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO
H.P.	ELECTRIC MOTOR VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	OPERATING DEVICE VOLTAGE _____ <input type="checkbox"/> A.C. <input type="checkbox"/> D.C.	DIAMETER OF PLUNGER _____ INCHES	MFG OF PUMP	
FULLY EXPOSED CYLINDER <input type="checkbox"/> YES <input type="checkbox"/> NO	CYLINDER PROTECTION TYPE	SHUTOFF VALVE LOCATION <input type="checkbox"/> PIT <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> OTHER _____			OVERSPEED VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO

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LIST NUMBER OF DOORS OR GATES IN BLOCKS OPPOSITE TYPE	TOTAL	FILL IN FLOOR NUMBERS ON LINE BELOW												CONSTRUCTION	CLOSED BY	INTERLOCK NAME AND TYPE NUMBER
<input type="checkbox"/> HORIZONTAL SLIDING <input type="checkbox"/> VERTICAL BI-PART															<input type="checkbox"/> HAND <input type="checkbox"/> POWER	
<input type="checkbox"/> HINGED SWING <input type="checkbox"/> VERTICAL LIFT GATES															<input type="checkbox"/> HAND <input type="checkbox"/> POWER	
<input type="checkbox"/> OTHER TYPES _____															<input type="checkbox"/> HAND <input type="checkbox"/> POWER	
HEIGHT																
TYPE OF DOOR CLOSER				HOISTWAY DOOR UNLOCKING DEVICES										HOISTWAY ACCESS SWITCHES		
				<input type="checkbox"/> YES LOCATION _____ <input type="checkbox"/> NO										<input type="checkbox"/> YES <input type="checkbox"/> NO		

TERMINALS <input type="checkbox"/> YES <input type="checkbox"/> NO	SLOW DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO	FINALS <input type="checkbox"/> YES <input type="checkbox"/> NO	UP EMERGENCY SLOWDOWN DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO
CAR RUNBY TOP _____ INCHES	TYPE OF CAR BUFFERS _____ INCHES	CWT RUNBY TOP _____ INCHES	TYPE OF CWT BUFFERS _____ INCHES
CAR RUNBY BOTTOM _____ INCHES	STROKE _____ INCHES	CWT RUNBY BOTTOM _____ INCHES	STROKE _____ INCHES
CAR CLEARANCE TOP _____ INCHES	CWT CLEARANCE TOP _____ INCHES	CAR CLEARANCE BOTTOM _____ INCHES	CWT CLEARANCE BOTTOM _____ INCHES
OVERTRAVEL OF PLUNGER _____ INCHES	REFUGE SPACE TOP OF CAR L _____ W _____ H _____	BOTTOM CAR CLEARANCE (Refuge) L _____ W _____ H _____	

LADDER <input type="checkbox"/> YES <input type="checkbox"/> NO	LIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	STOP SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPTH OF PIT _____ INCHES	SUMP PUMP <input type="checkbox"/> YES <input type="checkbox"/> NO
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FIREFIGHTERS' EMERGENCY OPERATION <input type="checkbox"/> YES <input type="checkbox"/> NO		FIRE ALARM INITIATING DEVICE <input type="checkbox"/> YES <input type="checkbox"/> NO		REMOTE FIRE RECALL SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO		EMERGENCY OR STANDBY POWER <input type="checkbox"/> YES <input type="checkbox"/> NO	
ASCENDING CAR OVERSPEED PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO		UNINTENDED CAR MOVEMENT PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO		DOOR NUDGING <input type="checkbox"/> YES <input type="checkbox"/> NO		SPRINKLER HEAD LOCATION <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> PIT <input type="checkbox"/> OTHER _____	
MONITORED SPRINKLER VALVE LOCATION <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> PIT <input type="checkbox"/> OTHER _____							

DISTANCE-DOORS TO EDGE OF THRESHOLD	CAR THRESHOLD TO HOIST-WAY THRESHOLD	HYDRAULIC VALVE SERIAL NUMBER
COMMENTS		
INSPECTOR'S SIGNATURE	INSPECTOR NUMBER	DATE

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		RATED SPEED _____ FPM	RISE OF CAR _____ FT _____ IN
		NUMBER OF LANDINGS	

CAR

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SIZE OF PLATFORM (Inside)	NUMBER OF CAR ENTRANCES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	SAFE EDGE <input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRIC EYE <input type="checkbox"/> YES <input type="checkbox"/> NO
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CABLES	HOISTING	GOVERNOR	COMPENSATION	DIAMETER OF SHEAVES		
	NUMBER			DEFLECTOR	CAR	COUNTERWEIGHT
	DIAMETER					
	MATERIAL			SLACK CABLE DEVICE LOCATION <input type="checkbox"/> CAR <input type="checkbox"/> MACHINE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____		
CONSTRUCTION						
ROPING <input type="checkbox"/> SINGLE WRAPPED 1 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 1 TO 1 <input type="checkbox"/> SINGLE WRAPPED 2 TO 1 <input type="checkbox"/> DOUBLE WRAPPED 2 TO 1				FASTENINGS <input type="checkbox"/> TAPERED SOCKETS <input type="checkbox"/> CLIPS <input type="checkbox"/> WEDGE CLAMP		

MACHINE / CONTROL ROOM

LOCATION <input type="checkbox"/> OVERHEAD <input type="checkbox"/> BASEMENT <input type="checkbox"/> FIRST FLOOR <input type="checkbox"/> OTHER _____			SELF-CLOSING SELF-LOCKING DOOR PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO		
MACHINE ROOM FULLY ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO		MACHINE TYPE 1. <input type="checkbox"/> CABLE 3. <input type="checkbox"/> ROPED HYDRAULIC 5. <input type="checkbox"/> OTHER _____ 2. <input type="checkbox"/> DIRECT PLUNGER HYDRAULIC 4. <input type="checkbox"/> HAND POWER			POWER 1. <input type="checkbox"/> ELECTRIC 2. <input type="checkbox"/> HAND POWER
TYPE OF DRIVE	TYPE OF BRAKE	TYPE OF BRAKE (Released)	DIAMETER OF SHEAVES / SPROCKETS / PULLEYS DRUM _____ INCHES TRACTION _____ INCHES		
TYPE OF GOVERNOR AND LOCATION		GOVERNOR TRIPPING SPEED _____ FPM	GOVERNOR OVERSPEED SWITCH <input type="checkbox"/> YES <input type="checkbox"/> NO		PHASE PROTECTION <input type="checkbox"/> YES <input type="checkbox"/> NO
H.P.	ELECTRIC MOTOR VOLTAGE _____ A.C. <input type="checkbox"/> D.C.	OPERATING DEVICE VOLTAGE _____ A.C. <input type="checkbox"/> D.C.	DIAMETER OF PLUNGER _____ INCHES		MFG OF PUMP
FULLY EXPOSED CYLINDER <input type="checkbox"/> YES <input type="checkbox"/> NO	CYLINDER PROTECTION TYPE	SHUTOFF VALVE LOCATION <input type="checkbox"/> PIT <input type="checkbox"/> MACHINE ROOM <input type="checkbox"/> OTHER _____			OVERSPEED VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO

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List of Elevating Devices

P	=	Passenger Elevator
F	=	Freight Elevator
RES	=	Private Residence Elevator
I	=	Inclined Elevator
IR	=	Private Residence Inclined Elevator
LU/LA	=	Limited-Use/Limited-Application Elevator
LU/LAR	=	Private Residence Limited-Use/Limited-Application Elevator
SW	=	Sidewalk Elevator
R	=	Rooftop Elevator
M	=	Mine Elevator
SPP	=	Special Purpose Personnel Elevator
DW	=	Dumbwaiter
DWR	=	Private Residence Dumbwaiter
ML	=	Material Lift
VPL	=	Vertical Platform Lift
VPLR	=	Private Residence Vertical Platform Lift
IPL	=	Inclined Platform Lift
IPLR	=	Private Residence Inclined Platform Lift
SC	=	Stairway Chairlift
SCR	=	Private Residence Stairway Chairlift
SED	=	Special Elevating Device
SDR	=	Private Residence Special Elevating Device
SL	=	Sewer Lift
PH	=	Personnel Hoist (ANSI A10.4)
BM	=	Belt Manlift (ASME A90.1)

Types of Driving Machines

Drum
Traction
 Geared
 Gearless
Hydraulic
 Direct Acting
 Roped
Rack and Pinion
Screw-Column
Spiralift